Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVN5192AGZ	A. BUILDING _____ B. WING _____	06/01/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BONAVENTURE OF SPARKS	2360 WINGFIELD HILLS DR SPANISH SPRINGS, NV 89436

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 6/1/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 80 Residential Facility for Group beds for elderly and disabled persons and 32 beds for persons with Alzheimer's disease, Category II residents. The census at the time of the survey was 19. Twelve resident files were reviewed and 12 employee files were reviewed. One discharged resident file was reviewed. The facility received a grade of D. The following deficiencies were identified:	Y 000		
Y 103 SS=D	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.	Y 103		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 103	Continued From page 1 This Regulation is not met as evidenced by: Based on record review on 6/1/10, the facility failed to ensure 1 of 12 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #11 - no physical). Severity: 2 Scope: 1	Y 103		
Y 105 SS=D	449.200(1)(f) Personnel File - Background Check NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive. This Regulation is not met as evidenced by: Based on record review on 6/1/10, the facility failed to ensure 2 of 12 employees met background check requirements (Employee #2 - no criminal history statement and Employee #10 - no FBI background check. Severity: 2 Scope: 1	Y 105		
Y 106 SS=D	449.200(2)(a) Personnel File - 1st aid & CPR NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is	Y 106		

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Y 106	Continued From page 2 currently certified to perform first aid and cardiopulmonary resuscitation. This Regulation is not met as evidenced by: Based on record review on 6/1/10, the facility failed to ensure that 1 of 9 caregivers were trained in first aid and cardiopulmonary resuscitation (CPR) (Employee #6 - first aid and CPR expired in 4/10). Severity: 2 Scope: 1	Y 106		
Y 178 SS=D	449.209(5) Health and Sanitation-Maintain Int/Ext NAC 449.209 5. The administrator of a residential facility shall ensure that the premises are clean and that the interior, exterior and landscaping of the facility are well maintained. This Regulation is not met as evidenced by: Based on observation on 6/1/10, the facility failed to ensure that garbage containers were covered and free of offensive odor in laundry room (methane gas). Severity: 2 Scope: 1	Y 178		
Y 207 SS=A	449.211(4)(b) Automatic Sprinklers-Annual Inspections	Y 207		

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Y 207	Continued From page 3 NAC 449.211 4. An automatic sprinkler system that has been installed in a residential facility must be inspected: (b) Not less than once each calendar year by a person who is licensed to inspect such a system pursuant to the provisions of chapter 477 of NAC. This Regulation is not met as evidenced by: Based on record review on 6/1/10, the facility failed to document the fire alarm system inspection (tag was missing). Severity: 1 Scope: 1	Y 207		
Y 255 SS=F	449.217(6)(a)(b) Permits - Comply with NAC 446 on Food Service NAC 449.217 6. A residential facility with more than 10 residents must: (a) Comply with the standards prescribed in chapter 446 of NAC. (b) Obtain the necessary permits from the Bureau of Health Protection Services of the Division.	Y 255		

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Y 255	Continued From page 4 This Regulation is not met as evidenced by: Based on observation, interview and record review on 6/01/10, the facility failed to ensure the kitchen complied with the standards of NAC 446. Findings include: 1 Critical Violations: a. Potential cross contamination was observed within the #3 refrigerator. Raw hamburger patties were stored over ready-to-eat foods. b. Person in charge of the Tahoe and Pyramid Memory Care kitchens was not food safety certified at time of inspection. c. The dishwasher in the Tahoe Memory Care kitchen was not properly sanitizing soiled dishware at time of inspection. 2. Cleaning and Sanitation Issues: a. The following food contact surfaces were found soiled with food debris and must be cleaned immediately: deli meat slicer; mixer; microwave; and can opener. b. The hinge for the ice machine door was found soiled with dust which can potentially contaminate the ice. c. The following non-food contact surfaces were found soiled with food debris and must be cleaned: food containers designated for flour, sugar, oatmeal, and panko; the bottom of the #2 refrigerator and #4 refrigerator; cereal area; and the dispense head storage area for the soda gun.	Y 255		

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Y 255	Continued From page 5 d. The floors throughout the kitchen, dishwashing area, and dry storage room were heavily soiled with food and kitchen debris especially under equipment. e. A wet wiping cloth was not stored in sanitizer within the Tahoe Memory Care kitchen. 3. Equipment and Maintenance Issues: a. The outside storage are near the back door of the kitchen was dirty. b. Miscellaneous articles were stored on the floor near the entrance to the dry storage room. Severity 2: Scope: 3	Y 255		
Y 430 SS=D	449.229(1) Protection from Fire NAC 449.229 1. The administrator of a residential facility shall ensure that the facility complies with the regulations adopted by the State Fire Marshal pursuant to chapter 477 of NRS and all local ordinances relating to safety from fire. The facility must be approved for residency by the State Fire Marshal. This Regulation is not met as evidenced by: Based on observation on 6/1/10, the facility failed to comply with fire safety regulations by propping open two fire doors in the memory care unit.	Y 430		

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Y 430	Continued From page 6 Severity: 2 Scope: 1	Y 430		
Y 431 SS=F	449.229(2)(a)-(c) Plans for Evacuation NAC 449.229 2. A residential facility shall have a plan for the evacuation of resident in case of fire or other emergency. The plan must be: (a) Understood by all employees. (b) Posted in a common area of the facility. (c) Discussed with each resident at the time of his admission. This Regulation is not met as evidenced by: Based on observation and record review on 6/1/10, the facility failed to ensure a plan for evacuation was available and posted in common areas. Severity: 2 Scope: 3	Y 431		
Y 435 SS=D	449.229(4) Fire Extinguisher; Inspection NAC 449.229 4. Portable fire extinguishers must be inspected, recharged and tagged at least once each year by a person certified by the State Fire Marshall to conduct such inspections.	Y 435		

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Y 435	Continued From page 7 This Regulation is not met as evidenced by: Based on observation on 6/1/10, the facility failed to ensure that 2 of 57 facility fire extinguishers were recharged. Severity: 2 Scope: 1	Y 435		
Y 442 SS=C	449.229(7)(b) Smoking Policy NAC 449.229 7. The administrator shall ensure that a written policy on smoking is developed and carried out by the facility. The policy must be: (b) Posted in a common area of the facility. This Regulation is not met as evidenced by: Based on observation on 6/1/10, the facility failed to post a smoking policy in a common area of the facility. Severity: 1 Scope: 3	Y 442		
Y 444 SS=F	449.229(9) Smoke Detectors NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility. This Regulation is not met as evidenced by: Based on record review on 6/1/10, the facility did not ensure smoke detectors were tested 12 out of	Y 444		

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Y 444	Continued From page 8 the past 12 months. Severity: 2 Scope: 3	Y 444		
Y 450 SS=D	449.231(1) First Aid and CPR NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training. This Regulation is not met as evidenced by: Based on record review on 6/1/10, the facility did not ensure that 2 of 9 caregivers received first aid and cardiopulmonary resuscitation (CPR) training within thirty days of employment (Employee #2 and #9). Severity: 2 Scope: 1	Y 450		
Y 698 SS=E	Residents Requiring use of Oxygen-Storage 2. The caregivers employed by a residential facility with a resident who requires the use of oxygen shall:	Y 698		

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Y 698	Continued From page 9 (b) ensure that: (5) All oxygen tanks kept in the facility are secured in a stand or to a wall; This REQUIREMENT is not met as evidenced by: Based on observation on 6/1/10, the facility did not ensure oxygen tanks were secured in a rack or to the wall in 2 of 6 resident rooms in which oxygen was being used (resident rooms #132B and #200). Severity: 2 Scope: 2	Y 698		
Y 830 SS=D	WAIVERS 1. The administrator of a residential facility may submit to the Division a written request for permission to admit or retain a resident who is prohibited from being admitted to a residential facility or remaining as a resident of the facility pursuant to NAC 449.271 to 449.2734 , inclusive. This Regulation is not met as evidenced by: Based on observation and record review on 6/1/10, the facility failed to request a bedfast waiver for 1 of 1 bedfast residents (Resident #10).	Y 830		

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Y 830	Continued From page 10 Severity: 2 Scope: 1	Y 830		
Y 876 SS=A	449.2742(4) Medication Administration NRS 449.037 NAC 449.2742 4. Except as otherwise provided in this subsection, a caregiver shall assist in the administration of medication to a resident if the resident needs the caregiver's assistance. A caregiver may assist the ultimate user of controlled substances or dangerous drugs only if the conditions prescribed in subsection 6 of NRS 449.037 are met. This Regulation is not met as evidenced by: Based on record review on 6/1/10 the facility failed to ensure that an ultimate user agreement was obtained for 1 of 12 residents (Resident #10). Severity: 1 Scope: 1	Y 876		
Y 920 SS=D	449.2748(1) Medication Storage NAC 449.2748 1. Medication, including, without limitation, any over-the-counter medication, stored at a residential facility must be stored in a locked area that is cool and dry. The caregivers employed by the facility shall ensure that any medication or medical or diagnostic equipment that may be misused or appropriated by a resident or any other unauthorized	Y 920		

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Y 920	Continued From page 11 person is protected. Medication for external use only must be kept in a locked area separate from other medications. A resident who is capable of administering medication to himself without supervision may keep his medication in his room if the medication is kept in a locked container for which the facility has been provided a key. This Regulation is not met as evidenced by: Based on observation on 6/1/10, the facility failed to keep medications for 1 of 12 residents in a locked area (Resident #11). Severity: 2 Scope: 1	Y 920		
Y 936 SS=D	449.2749(1)(e) Resident file-NRS 441A Tuberculosis NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by:	Y 936		

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Y 936	Continued From page 12 Based on record review on 6/1/10, the facility failed to ensure 1 of 12 residents complied with NAC 441A.380 regarding tuberculosis (Resident #1). Severity: 2 Scope: 1	Y 936		
Y 944 SS=A	449.2749(2) Resident File - Discharge Documentation NAC 449.2749 2. The document required pursuant to paragraph (j) of subsection 1 must indicate the location to which the resident was transferred or the person in whose care the resident was discharged. If the resident dies while a resident of the facility, the document must include the time and date of the death and the dates on which the person responsible for the resident was contacted to inform him of the death. This Regulation is not met as evidenced by: Based on record review and interview on 6/1/10, the facility failed to provide proper documentation regarding a resident who had been discharged. Severity: 1 Scope: 1	Y 944		
Y1001 SS=F	449.2758(1) Training Req-Elderly Disabled NAC 449.2758 1. Within 60 days after being employed by a	Y1001		

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Y1001	Continued From page 13 residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents. 2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities. This Regulation is not met as evidenced by: Based on record review on 6/1/10, the facility failed to ensure that a minimum of 4 hours of training related to the care of elderly and disabled residents was received within 60 days of hire by 5 of 10 employees (Employee #1, #2, #3, #6, and #9). Severity: 2 Scope: 3	Y1001		
Y1035 SS=F	449.2768(1)(a)(1) Dementia Training 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without	Y1035		

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Y1035	Continued From page 14 limitation, dementia caused by Alzheimer's disease, successfully completes: (1) Within the first 40 hours that such an employee works at the facility after he is initially employed at the facility, at least 2 hours of training in providing care, including emergency care, to a resident with any form of dementia, including, without limitation, Alzheimer's disease, and providing support for the members of the resident's family. This Regulation is not met as evidenced by: Based on record review on 6/1/10, the facility failed to ensure that 6 of 6 caregivers received two hours of dementia care within 40 hours of employment (Employee #2, #6, #7, #8, #10 and #11). Severity: 2 Scope: 3	Y1035		
Y1036 SS=E	449.2768(1)(a)(2) Dementia Training 449.2768 1. Except as otherwise provided in subsection 2, the administrator of a residential facility which provides care to persons with any form of dementia shall ensure that: (a) Each employee of the facility who has direct contact with and provides care to residents with any form of dementia, including, without limitation, dementia caused by Alzheimer's disease, successfully completes: (2) In addition to the training requirements set forth in subparagraph (1), within 3 months after such an employee is initially employed at the facility, at least 8 hours of training in providing	Y1036		

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Y1036	Continued From page 15 care to a resident with any form of dementia, including, without limitation, Alzheimer's disease. This Regulation is not met as evidenced by: Based on record review on 6/1/10, the facility failed to ensure that 2 of 6 caregivers received 8 hours of dementia training within 3 months of employment (Employee #10 and #11). Severity: 2 Scope: 2	Y1036		